



## 99TH GENERAL ASSEMBLY

### State of Illinois

2015 and 2016

HB5544

by Rep. Carol Ammons

#### SYNOPSIS AS INTRODUCED:

210 ILCS 9/90  
210 ILCS 9/150

Amends the Assisted Living and Shared Housing Act. Requires assisted living and shared housing establishment's service delivery contracts to include a copy of the establishment's emergency involuntary termination of residency plan and the establishment's discharge protocol. Requires establishments covered by the Act to develop a discharge protocol and an emergency involuntary termination plan. Defines "emergency involuntary termination of residency plan" and "discharge protocol". Requires establishments that accept Alzheimer's and dementia patients within 30 days of admission or 30 days after an establishment's existing resident is diagnosed with Alzheimer's or dementia to develop a pre-emptive plan of discharge for the resident. Contains requirements for emergency involuntary termination of residency plans and discharge protocols. Effective immediately.

LRB099 18954 MJP 43343 b

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Assisted Living and Shared Housing Act is  
5 amended by changing Sections 90 and 150 as follows:

6 (210 ILCS 9/90)

7 Sec. 90. Contents of service delivery contract. A contract  
8 between an establishment and a resident must be entitled  
9 "assisted living establishment contract" or "shared housing  
10 establishment contract" as applicable, shall be printed in no  
11 less than 12 point type, and shall include at least the  
12 following elements in the body or through supporting documents  
13 or attachments:

14 (1) the name, street address, and mailing address of  
15 the establishment;

16 (2) the name and mailing address of the owner or owners  
17 of the establishment and, if the owner or owners are not  
18 natural persons, the type of business entity of the owner  
19 or owners;

20 (3) the name and mailing address of the managing agent  
21 of the establishment, whether hired under a management  
22 agreement or lease agreement, if the managing agent is  
23 different from the owner or owners;

1 (4) the name and address of at least one natural person  
2 who is authorized to accept service on behalf of the owners  
3 and managing agent;

4 (5) a statement describing the license status of the  
5 establishment and the license status of all providers of  
6 health-related or supportive services to a resident under  
7 arrangement with the establishment;

8 (6) the duration of the contract;

9 (7) the base rate to be paid by the resident and a  
10 description of the services to be provided as part of this  
11 rate;

12 (8) a description of any additional services to be  
13 provided for an additional fee by the establishment  
14 directly or by a third party provider under arrangement  
15 with the establishment;

16 (9) the fee schedules outlining the cost of any  
17 additional services;

18 (10) a description of the process through which the  
19 contract may be modified, amended, or terminated;

20 (11) a description of the establishment's complaint  
21 resolution process available to residents and notice of the  
22 availability of the Department on Aging's Senior Helpline  
23 for complaints;

24 (12) the name of the resident's designated  
25 representative, if any;

26 (13) the resident's obligations in order to maintain

1           residency and receive services including compliance with  
2           all assessments required under Section 15;

3           (14) the billing and payment procedures and  
4           requirements;

5           (15) a statement affirming the resident's freedom to  
6           receive services from service providers with whom the  
7           establishment does not have a contractual arrangement,  
8           which may also disclaim liability on the part of the  
9           establishment for those services;

10          (16) a statement that medical assistance under Article  
11          V or Article VI of the Illinois Public Aid Code is not  
12          available for payment for services provided in an  
13          establishment, excluding contracts executed with residents  
14          residing in licensed establishments participating in the  
15          Department on Aging's Comprehensive Care in Residential  
16          Settings Demonstration Project;

17          (17) a statement detailing the admission, risk  
18          management, and residency termination criteria and  
19          procedures;

20          (18) a statement listing the rights specified in  
21          Section 95 and acknowledging that, by contracting with the  
22          assisted living or shared housing establishment, the  
23          resident does not forfeit those rights;

24          (19) a statement detailing the Department's annual  
25          on-site review process including what documents contained  
26          in a resident's personal file shall be reviewed by the

1 on-site reviewer as defined by rule; ~~and~~

2 (20) a statement outlining whether the establishment  
3 charges a community fee and, if so, the amount of the fee  
4 and whether it is refundable; if the fee is refundable, the  
5 contract must describe the conditions under which it is  
6 refundable and how the amount of the refund is determined;  
7 and -

8 (21) a copy of the establishment's emergency  
9 involuntary termination of residency plan and the  
10 establishment's discharge protocol, as defined in Section  
11 150 of this Act.

12 (Source: P.A. 93-775, eff. 1-1-05; 94-256, eff. 7-19-05.)

13 (210 ILCS 9/150)

14 Sec. 150. Alzheimer and dementia programs.

15 (a) In addition to this Section, Alzheimer and dementia  
16 programs shall comply with all of the other provisions of this  
17 Act.

18 (b) No person shall be admitted or retained if the assisted  
19 living or shared housing establishment cannot provide or secure  
20 appropriate care, if the resident requires a level of service  
21 or type of service for which the establishment is not licensed  
22 or which the establishment does not provide, or if the  
23 establishment does not have the staff appropriate in numbers  
24 and with appropriate skill to provide such services.

25 (c) No person shall be accepted for residency or remain in

1 residence if the person's mental or physical condition has so  
2 deteriorated to render residency in such a program to be  
3 detrimental to the health, welfare or safety of the person or  
4 of other residents of the establishment. The Department by rule  
5 shall identify a validated dementia-specific standard with  
6 inter-rater reliability that will be used to assess individual  
7 residents. The assessment must be approved by the resident's  
8 physician and shall occur prior to acceptance for residency,  
9 annually, and at such time that a change in the resident's  
10 condition is identified by a family member, staff of the  
11 establishment, or the resident's physician.

12 (d) No person shall be accepted for residency or remain in  
13 residence if the person is dangerous to self or others and the  
14 establishment would be unable to eliminate the danger through  
15 the use of appropriate treatment modalities.

16 (e) No person shall be accepted for residency or remain in  
17 residence if the person meets the criteria provided in  
18 subsections (b) through (g) of Section 75 of this Act.

19 (f) An establishment that offers to provide a special  
20 program or unit for persons with Alzheimer's disease and  
21 related disorders shall:

22 (1) disclose to the Department and to a potential or  
23 actual resident of the establishment information as  
24 specified under the Alzheimer's Disease and Related  
25 Dementias Special Care Disclosure Act;

26 (2) ensure that a resident's representative is

1 designated for the resident;

2 (3) develop and implement policies and procedures that  
3 ensure the continued safety of all residents in the  
4 establishment including, but not limited to, those who:

5 (A) may wander; and

6 (B) may need supervision and assistance when  
7 evacuating the building in an emergency;

8 (4) provide coordination of communications with each  
9 resident, resident's representative, relatives and other  
10 persons identified in the resident's service plan;

11 (5) provide cognitive stimulation and activities to  
12 maximize functioning;

13 (6) provide an appropriate number of staff for its  
14 resident population, as established by rule;

15 (7) require the director or administrator and direct  
16 care staff to complete sufficient comprehensive and  
17 ongoing dementia and cognitive deficit training, the  
18 content of which shall be established by rule; and

19 (8) develop emergency procedures, a discharge  
20 protocol, an emergency involuntary termination plan, and  
21 staffing patterns to respond to the needs of residents.

22 (g) For the purposes of this Section, an emergency  
23 involuntary termination of residency plan applies only to  
24 residents with Alzheimer's disease or a related dementia. In  
25 this Section, "emergency involuntary termination of residency  
26 plan" means a plan to better inform individuals being admitted,

1 caregivers, legal guardians, health care power of attorneys, or  
2 family members who are seeking to place an individual with  
3 Alzheimer's disease or related dementias, of the discharge  
4 process. Some individuals with Alzheimer's disease or related  
5 dementias may be at risk of dangerous behavior due to their  
6 cognitive impairment and difficulty understanding and  
7 adjusting to a new environment, particularly if that  
8 environment is not structured to meet their needs. This Section  
9 serves to ensure that the establishment has developed and  
10 communicates to individuals served, legal representatives, and  
11 family members their strategy for preventing discharge, and  
12 their discharge protocol. In this Section, "discharge  
13 protocol" means the involuntary discharge procedures of the  
14 applicable facility. The discharge protocol includes resources  
15 that would potentially be accessed should discharge be  
16 considered and the rights and responsibilities of the  
17 individuals being served and their representatives.

18 Within 30 days of admission, an establishment that accepts  
19 Alzheimer's and dementia patients is required to develop a  
20 pre-emptive plan of discharge to be used should an involuntary  
21 discharge occur based on disruptive behavior or physical harm  
22 to themselves or others housed in the establishment.

23 If an individual is diagnosed while a resident of an  
24 establishment, the establishment has 30 days after the official  
25 diagnosis date to develop a pre-emptive plan of discharge to be  
26 used should an involuntary discharge occur.

1       The emergency involuntary termination of residency plan  
2 shall include the following:

3           (1) An inventory of the individual's interests and  
4 preferences.

5           (2) An inventory of the individual's dislikes,  
6 triggers, and early warning signs.

7           (3) Strategies tailored to the individual's interests  
8 and preferences designed to prevent disruptive or harmful  
9 behavior or to aid the individual in calming when they are  
10 upset. Best practice examples include access to the  
11 individual's music preferences or engaging in an activity  
12 that they enjoy.

13           (4) A method of educating care staff about the items  
14 (1) through (3) and verifying their competence to carry out  
15 the strategies.

16       The establishment's discharge protocol is a description of  
17 the procedures to prevent and respond to dangerous behavior and  
18 includes the following:

19           (A) The establishment's strategy for identifying  
20 warning signs of dangerous behavior.

21           (B) The establishment's strategy for creating a  
22 calming environment to decrease common triggers such as  
23 noise levels, over-stimulus from televisions, and lack of a  
24 comfortable quiet space.

25           (C) The establishment's strategy for responding to  
26 warning signs to prevent escalation.

1           (D) After the occurrence of a dangerous behavior, the  
2           establishment's strategy for preventing additional  
3           dangerous behaviors such as a time-limited assignment of  
4           extra staff to assist in engaging the individual in  
5           positive behaviors.

6           (E) Resources that would be used by the establishment  
7           as a temporary measure to assure safety such as evaluation  
8           by a dementia expert, respite in a more structured  
9           facility, and evaluation in a hospital or geriatric  
10           psychiatry unit.

11           (F) The individual, family, and legal representative's  
12           rights and responsibilities in these situations, including  
13           the process for appeal or providing feedback.

14           (G) A list of facilities that are potential placement  
15           resources should discharge be needed.

16           (Source: P.A. 96-990, eff. 7-2-10.)

17           Section 99. Effective date. This Act takes effect upon  
18           becoming law.